

CLAIMS ONLY							Application Number 09/842685		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4	I						54				
5							55				
6	I						56				
7							57				
8							58				
9							59				
10		I					60				
11							61				
12		I					62				
13							63				
14							64				
15							65				
16		I					66				
17		I					67				
18							68				
19							69				
20							70				
21							71				
22		I					72				
23		I					73				
24							74				
25							75				
26							76				
27		I					77				
28							78				
29							79				
30							80				
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32							82				
33							83				
34							84				
35							85				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3						Total Indep				
Total Depend	12						Total Depend				
Total Claims	15						Total Claims				